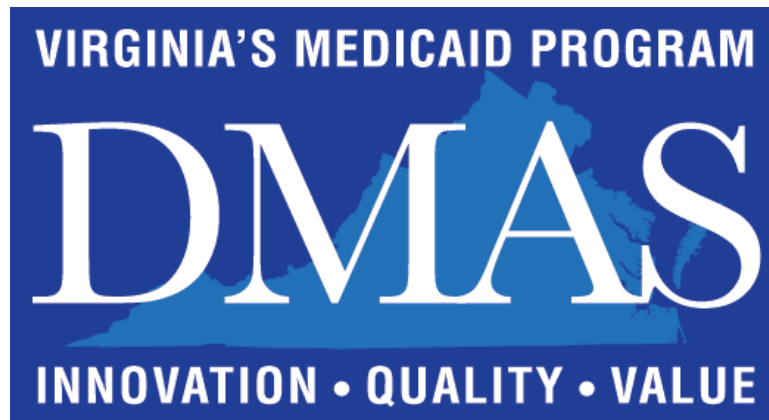


Monthly MCO Compliance Report

Cardinal Care November & December 2023 Deliverables



Health Care Services Division

March 7, 2024

Monthly MCO Compliance Report

Cardinal Care November & December 2023 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month/s*	Point(s) Expiring	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	0	0	0	0	FINDINGS NONE CONCERNS MHS SA
<u>Anthem</u>	0	1	0	1	FINDINGS MCO CLAIMS CONCERNS MHS SA PHARMACY PA
<u>Molina</u>	0	1	0	1	FINDINGS EI CLAIMS CONCERNS MHS SA
<u>Sentara</u>	0	1	0	1	FINDINGS CALL CENTER STATS CONCERNS MHS SA MHS SA
<u>United</u>	0	0	0	0	FINDINGS NONE CONCERNS REPORTING ERROR REPORTING ERROR DATA BREACH

**All listed point infractions are pending until the expiration of the 15-day comment period.*

Notes:

Findings – Area(s) of violation; point(s) issued.

Concerns – Area(s) of concern that could lead to potential findings; no points issued.

Expired Points – Compliance points expire 365 days after issuance.

Summary

The Health Care Services (HCS) and Integrated Care (IC) Divisions held their first joint **Compliance Review Committee (CRC)** on February 21, 2024. The Committee reviewed compliance referrals and deliverables measuring performance for November and December 2023. The meeting's agenda covered all identified and referred issues of non-compliance, including failures to meet contract thresholds or requirements related to: data submission, claims processing, call center requirements, data breach notifications, and the timely processing of service authorizations.

The joint CRC consists of five representatives from the Health Care Services Division and five representatives from the Integrated Care Division. These committee members vote on what, if any, compliance enforcement actions should be issued in response to identified compliance issues.

The CRC voted to issue twelve (12) Notices of Non-Compliance (NONC) related to HCS compliance issues, including three (3) NONCs with associated compliance points.

Each MCO's compliance findings and concerns are detailed below. Information related to HCS compliance activities is also included. The Department communicated the findings of its review of November and December's compliance issues in letters and emails issued to the MCOs on February 23, 2024.

Aetna Better Health of Virginia

Findings:

- No findings (i.e., no compliance issues severe enough to necessitate the issuance of compliance points).

Concerns:

- **Contract Adherence:** Aetna Better Health failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the December 2023 data, there was one (1) expedited service authorization request that did not require supplemental information and was not processed within 72 hours. Aetna's overall timeliness for processing MHS Service Authorization requests for the month of December was 99.95%.

The HCS Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5815)

MIP/CAP Update:

- No updates

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for November and December 2023, Aetna Better Health showed a **high** level of compliance. Aetna submitted all 16 required monthly reporting deliverables accurately and on time. However, Aetna failed to meet contractual requirements related to the timely processing of MHS service authorizations (as addressed above in **CES # 5815**) and received a Notice of Non-Compliance. Despite this issue, Aetna complied with most applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process one (1) clean claim within the required 365 days on the December 2023 MCO Claims report.

On December 27, 2023, the Department requested additional documentation related to Anthem's MCO Claims Report submission for November 2023. Anthem provided the requested information detailing the impacted claim on December 29, 2023. Anthem reported the root cause of the claim adjudication delay as the "NPI was missing or doesn't match provider on the claim... the claim got rejected originally to have the provider resubmit with the rendering Provider ID. A ticket was submitted to COPS regarding how the claim fell into our inventory already aged on November 9, 2023, no response has been given at this time as to where the claim had been."

According to the Cardinal Care contract, the Department may assess one (1) point for the failure to timely or accurately adjudicate claims in compliance with Section 12.1, General Provider Payment Processes.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** in response to this issue. (CES # 5794)

Concerns:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the November 2023 data, there was one (1) standard service authorization request that did not require supplemental information and was not processed within 14 days. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of November was 99.91%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5795)

- **Contract Adherence:** Anthem HealthKeepers Plus failed to timely process all Pharmacy Prior Authorization requests within the required timeframe. Per

the December 2023 data, there was one (1) Pharmacy Prior Authorization request processed past 24 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.99%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5814)

MIP/CAP Update:

- No updates

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for November and December 2023, Anthem showed a **moderate** level of compliance. Anthem submitted all 16 required monthly reporting deliverables accurately and on time. However, Anthem failed to meet contract requirements for MCO Claims processing (as addressed above in **CES # 5794**) and received a Notice of Non-Compliance and a compliance point. Additionally, Anthem failed to meet contractual requirements related to the timely processing of Mental Health and Pharmacy service authorizations (as addressed above in **CES # 5795 & CES # 5814**) and received additional Notices of Non-Compliance. Despite these issues, Anthem complied with most applicable regulatory and contractual requirements.

Molina Health Care

Findings:

- **Contract Adherence:** Molina Health Care failed to process one (1) EI clean claim within the required 30 calendar days on the November 2023 Early Intervention Services report.

On December 27, 2023, the Compliance Unit requested detailed claim information related to the one (1) clean claim not paid within 30 calendar days. Molina provided the requested information detailing the impacted claim on January 3, 2024. According to the detailed report, the claim was processed on day 39.

Section 12.2.4 of the Cardinal Care contract requires 100% of the clean claims from community mental health rehabilitation services, ARTS, and early intervention providers shall be processed within thirty (30) calendar days of receipt of the clean claim.

According to the Cardinal Care contract, the Department may assess one (1) point for failure to timely or accurately adjudicate claims in compliance with Section 12.1, General Provider Payment Processes.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** in response to this issue. (CES # 5773)

Concerns:

- **Contract Adherence:** Molina Health Care failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the November 2023 data, Molina failed to process four (4) standard service authorization requests within 14 days, and one (1) expedited service authorization request within the required 72 hours. None of these service authorization requests required supplemental information. Molina's overall timeliness for processing MHS Service Authorization requests for the month of November was 99.15%.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5775)

MIP/CAP Update:

- No updates

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for November and December 2023, Molina Health Care showed a **moderate** level of compliance. Molina submitted all 16 required monthly reporting deliverables accurately and on time. However, Molina failed to meet contract requirements for Early Intervention claims processing (as addressed above in **CES # 5773**) and received a Notice of Non-Compliance and a compliance point. Additionally, Molina failed to meet contract requirements related to the timely processing of MHS service authorizations (as addressed above in **CES # 5775**) and received a second Notice of Non-Compliance. Despite these issues, Molina complied with most applicable regulatory and contractual requirements.

Sentara Community Plan

Findings:

- **Contract Adherence:** Sentara Community Plan failed to meet the required contract thresholds related to call center statistics on the December 2023 MCO Call Center Statistics report.

Section 2.12 of the Cardinal Care contract requires that MCOs limit the abandonment rate of all incoming calls to five percent (5%). Sentara Community Plan failed to answer at least 95% of incoming calls as required by the Cardinal Care contract – answering only 94.39% of all incoming calls in the month of December.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** in response to this issue. (CES # 5834)

Concerns:

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in November 2023. Per the November data, Sentara failed to process one (1) standard service authorization request within 14 days, and one (1) expedited service authorization request within the required 72 hours. None of these service authorization requests required supplemental information. Sentara’s overall timeliness for processing MHS Service Authorization requests for the month of November was 99.94%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5796)

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in December 2023. Per the December data, Sentara failed to process two (2) standard service authorization requests within 14 days, and one (1) expedited service authorization request within the required 72 hours. None of these service authorization requests required supplemental information. Sentara’s

overall timeliness for processing MHS Service Authorization requests for the month of December was 99.88%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5816)

MIP/CAP Update:

- No update

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for November and December 2023, Sentara Community Plan showed a **moderate** level of compliance. Sentara submitted all 16 of the required monthly reporting deliverables accurately and on time. However, Sentara failed to meet the required contract thresholds related to call center statistics (as addressed above in **CES # 5834**) and received a Notice of Non-Compliance and a compliance point. Additionally, Sentara failed to meet contractual requirements related to the timely processing of MHS service authorizations for the months of November and December (as addressed above in **CES # 5796 & CES # 5816**) and received additional Notices of Non-Compliance. Despite these issues, Sentara complied with most applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- No findings (i.e., no compliance issues severe enough to necessitate the issuance of compliance points).

Concerns:

- **Data Submission Error:** DMAS timely received the November 2023 MCO Claims deliverable from UnitedHealthcare. Review of UnitedHealthcare's submission found that 507 claims were not processed within required 365 days of claims receipt.

On December 27, 2023, the Department requested additional documentation related to UnitedHealthcare's MCO Claims Report submission for November 2023. On January 4, 2024, UnitedHealthcare responded that they had identified submission errors which resulted in an incorrect claims report. UnitedHealthcare resubmitted a corrected report that day – confirming that all claims had been processed timely.

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5778)

- **Data Submission Error:** DMAS timely received the December 2023 Appeals & Grievances Summary deliverables from UnitedHealthcare. Upon review, it was identified UnitedHealthcare's reports included additional three (3) tabs in it.

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit all reporting deliverables in the format and with the contents specified in the Cardinal Care contract, and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5833)

- **Contract Adherence:** UnitedHealthcare failed to notify DMAS of a data breach within one business day.

On December 7, 2023, UnitedHealthcare notified DMAS of a data breach involving its subcontractor, Welltok. Virginia Medicaid members were included in this breach.

Research into the breach timeline revealed that UnitedHealthcare failed to promptly notify DMAS of the Welltok data breach. Welltok initially notified UnitedHealthcare of the potential data breach on August 3, 2023. UnitedHealthcare confirmed that Virginia Medicaid members were impacted by the breach on December 4, 2023. UnitedHealthcare did not notify DMAS of either the potential or confirmed data breach until December 7, 2023.

The Cardinal Care contract states, in the event of any impermissible use or disclosure of PHI or breach of unsecured PHI, the Business Associate shall notify the DMAS Privacy Officer on the first day on which such breach is known or reasonably should be known by Business Associate or an employee, officer or agent of Business Associate other than the person committing the breach.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5836)

Concerns:

- No concerns

MIP/CAP Update:

- No update

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for November and December 2023, UnitedHealthcare showed a **moderate** level of compliance. UnitedHealthcare

submitted all 16 required monthly reporting deliverables on time. However, two (2) of the required monthly reporting deliverables contained submission errors (as addressed above in **CES # 5778 & CES #5833**), for which UnitedHealthcare received two Notices of Non-Compliance. Additionally, UnitedHealthcare failed to notify DMAS of a data breach within one business day as required by the contract (as addressed above in **CES # 5836**) and received a third Notice of Non-Compliance. Despite these issues, UnitedHealthcare complied with most applicable regulatory and contractual requirements.

Next Steps

The Health Care Services and Integrated Care Compliance Teams will continue to host joint Compliance Review Committee meetings at regular intervals. The HCS and IC Compliance Teams will collaborate closely to track, monitor, and communicate with the MCOs regarding identified compliance issues. Both Compliance Units will continue to work with other DMAS units and divisions to investigate and address potential compliance issues.

The HCS Compliance Unit will continue its enforcement efforts to ensure the timely processing of all claims and service authorizations. The HCS Compliance Unit will also remain focused on the MCOs' overall compliance with the Cardinal Care contract - especially those requirements with a direct impact on members and providers.